

HEALTH ISSUES

Prenatal Care

Pre-Class Assessment

1. What is an immunization (shot)?
2. Why is an immunization record necessary?
3. Why is a record of family illnesses necessary?
4. What is a poison?
5. How many servings of each food group are appropriate for a child of two or three years of age?

Meat Group _____

Milk Group _____

Fruit and Vegetable Group _____

Bread and Cereal Group. _____

6. How do you stop a nosebleed?
7. How do you control bleeding from a deep cut?
8. If a child swallows poison, what is the first thing you should do?
9. When would artificial resuscitation or CPR be necessary?

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Pre-Class Assessment

Key

Teacher Notes

1. A series of injections (shots) that help prevent potentially dangerous diseases given at various stages over the first two years of your child's life.
2. An immunization record will help you and your doctor keep track of your current health. It is needed for entrance into school.
3. A record of family illnesses will help you and your doctor keep track of your current health.
4. A poison is any substance that you eat, breathe, or touch that can make you sick or cause death.
5. Meat Group: two; Milk Group: three; Fruit and Vegetable Group: four; Bread and Cereal Group: four
6. If the nose continues to bleed, make a wick of gauze or cloth (do not use cotton balls) and insert into the nostril. Pinch the nose to apply pressure. Keep the head elevated or tipped slightly forward. If the nose continues to bleed for longer than 20 minutes, the individual may need medical attention.
7. Wash the cut with soap and use a bandage.
8. Find the container. Call the poison center or doctor and take the container with you. Speed is important. Do not spend too long looking for the container.
9. Artificial resuscitation or CPR should be administered when a person cannot breathe for himself or herself due to electric shock, gas asphyxiation, drowning, or other causes.

****Refer to page 3C-7 for immunization chart**

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Handout

HAEMOPHILUS INFLUENZAE TYPE B

The increase in preventable childhood diseases shows that our children need better health care. Regular medical care includes vaccinations, which are an important part of your child's total health care.

This handout explains why it's important to make sure your child is vaccinated on time. Without protection provided by the Hib conjugates (Haemophilus influenza type B conjugate vaccines), your child could suffer from serious illnesses that could have been prevented.

What is this disease?

Haemophilus influenzae type b is a germ (or bacterium) that can cause several dangerous infections in children. It is very different from the "flu" (influenza virus).

Why are the H influenzae vaccines so important for infants?

These vaccines provide protection during the first years of life, when it is easiest for your child to get H influenzae type b infection. The vaccines protect more than 90 percent of children against all the infections caused by the H influenzae type b germ.

Without timely immunizations, your child faces the risk of becoming very sick with serious diseases such as:

- Meningitis, a serious infection of the covering of the brain and spinal cord. In the United States, H influenzae type b causes about 12,000 cases of meningitis each year in children younger than 5 years of age - especially in babies 6 to 12 months old. Of those children infected, one in 20 die from this disease, and one in four develop permanent brain damage.
- Epiglottitis, a dangerous throat infection that can cause a child to choke to death if not treated immediately.
- Pneumonia and serious infections in the blood, bones, joints, skin and the covering of the heart.

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Vaccines (Continued)

When should my child get the Hib conjugate vaccines?

Several Hib conjugate vaccines are available to protect your child against H influenzae type b. However, only two vaccines-HbOC and PRP-OMP-are approved for children under 15 months of age. Because this could change during the next few years, your child's pediatrician will be continually updated on new, approved vaccine recommendations.

The immunization schedule will vary depending on which vaccine your child receives. The American Academy of Pediatrics (AAP) recommends that your child receive either:

- the HbOC vaccine at 2, 4, and 6 months, with a final dose at 15 months, or
- the PRP-OMP vaccine at 2 and 4 months, with a final dose at 12 to 15 months of age.

If your child is late getting the first Hib conjugate dose, the total number of doses received may differ from this AAP schedule. Ask your pediatrician about the recommended schedule and which Hib vaccine is best for your child.

Vaccines (Continued)

HEPATITIS B

The increase in preventable childhood diseases shows that our children need better health care. Regular medical care includes vaccinations, which are an important part of your child's total health care.

This brochure explains why it's important to make sure your child is vaccinated on time. Without protection provided by the hepatitis B vaccine, your child could suffer from a serious illness that could have been prevented.

What is This Disease?

Hepatitis B virus (HBV), or serum hepatitis virus, can cause infection at any age. It may lead to chronic infection of the liver and serious disease, especially if it is acquired during infancy or childhood. However, a child may not show signs of infection until years later when he or she develops liver failure and/or liver cancer.

HBV is transmitted in several ways, including being passed from mother to infant at the time of birth. Children living in the same household with an HBV carrier are at risk, especially during the first five years of life.

Finally, HBV can spread through sexual intercourse or through contact with infected blood, such as when drug users share needles.

It is important that your child be protected by the hepatitis B vaccine, because infection acquired during early life is most likely to cause chronic liver disease. More than 95 percent of the children who receive all the recommended doses of the hepatitis B vaccine are protected against the illnesses caused by the hepatitis B virus.

When Should My Child Get the Hepatitis B Vaccine?

According to the American Academy of Pediatrics, your child needs three doses of hepatitis B vaccine to be fully protected against hepatitis B infection. Ordinarily, the first vaccination will be given at birth, the second dose at 1 to 2 months and a third dose at 6 to 18 months of age.

The first dose of the vaccine can be delayed for premature babies (and those with other illnesses during the first days of life). Newborns who have not received a vaccine dose at birth should receive three hepatitis B vaccine doses by 18 months of age.

Vaccines (Continued)

However, if the mother tests positive for hepatitis B, the child must receive the first vaccine dose as well as hepatitis B immune globulin (HBIG) at or shortly after birth. The child also requires a second dose at 1 month and the final vaccine dose by 6 months of age.

Older children, adolescents, and others living with infected household members also should receive the three-dose series to protect against hepatitis B.

Talk to your child's pediatrician if you have questions about this vaccination or about other circumstances when this vaccine is used. He or she can answer any questions you may have about when your child should receive the hepatitis B vaccine.

Are There Side Effects to Hepatitis B Vaccine?

No serious reactions have been linked to this vaccine, and most children have no associated side effects. Those side effects that sometimes occur- fussiness and soreness, swelling, or redness where the shot was given - are usually mild and temporary. These symptoms may begin within 24 hours after the shot is given and usually go away within 48 to 72 hours.

Immunizations have provided protection for children for years - but the vaccines only work if you make sure your child gets immunized.

Remember... your child's health depends on it!

Immunization is just one important part of preventive health care for children. The American Academy of Pediatrics, representing the nation's pediatricians, is dedicated to working toward a better future for our children. Join us by making sure your children receive the best possible health care.

**American Academy of Family Physicians Recommended Schedule for Immunizations
of Normal Infants and Children.**

Acceptance of the recommendations in this schedule may vary from physician to physician and community to community, depending on local needs and situations. It is also subject to later revision and additions, depending on medical knowledge at that time.

| Vaccine | Birth | 2 Mo. | 4 Mo. | 6 Mo. | 12 Mo. | 15 Mo. | 18 Mo. | 4-6 yr. | 14-16 yr. |
|-----------------------------------|-------|--------|--------|--------------------------------------|--------|------------|--------|---------|-----------|
| 1. DTP | | X | X | X | | X** or X** | | X | |
| 2. TD | | | | | | | | | X |
| 3. OPV | | X | X | | | X or X | | X | |
| 4. MMR | | | | | | X | | X | |
| 5. HBV | X | X | | Anytime between 6 and 18 month visit | | | | | |
| 6. HbCV HbOC or PRP-OMPC | | X X | X X | X | X | X | | | |

1. DTP
** Diphtheria and Tetanus and Pertussis (Whooping Cough)
Acellular pertussis vaccine significantly reduces local reactions, fever and other common systemic events. If readily available, it may be used for the fourth and fifth doses.
2. Td Tetanus and Diphtheria Toxoids (for use in persons aged > 7 years) Repeat every 10 years throughout life.
3. OPV Poliovirus Vaccine (Oral)
4. MMR Measles, Mumps, and Rubella Virus Vaccine
5. HBV Hepatitis B Vaccine. A series of three doses to be administered in the thigh muscle of infants. The recommended administration is birth (before discharge from hospital), 1-2 months, 6-18 months.
6. HbCV
(Hib) One of the two *Haemophilus b* conjugate vaccines licensed for infant use should be used starting at age 2 months.
HbOC (Lederle-Praxis) is given at 2, 4, and 6 months with a booster at 15 months.
PRP-OMPC (Merk-Sharpe and Dohme) is given at 2 and 4 months with a booster at 12 months.

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EAR INFECTION

1. Middle Ear Infection (Otitis Media)

These are infections behind the ear drum, within the "middle ear" area. They are very common in young children. The cause is usually bacterial. Middle ear infections usually follow or occur in conjunction with colds, sore throat, or allergies. This is because the cold often affects the drainage and defenses of the normal ear.

- a. Signs of middle ear infection include fever, irritability, and ear pain. The younger child may tug, scratch or put fingers in ear canal indicating discomfort. However, there may also be other cold symptoms such as nasal congestion and cough or decrease in appetite, mild vomiting or diarrhea. Antibiotics are prescribed to cure the middle ear infection (they will not help any cold symptoms which are caused by a virus). A fever may continue for a few days. Be sure to take the antibiotic as prescribed until finished even though the symptoms may resolve in a couple of days.
- b. Use a medication like Children's Tylenol for fever and pain and have the ears checked in 10-14 days. Other medications for fever and pain may be used as long as they do not contain aspirin. Aspirin may cause Reye's syndrome in children under the age of twelve. Always use acetaminophen.
- c. Runny nose and congestion can be improved with decongestants like Dimetapp, Triaminic, Actifed, or Naldecon. Generally, decongestants are not used for children under the age of six months. Always consult a physician prior to administering medications. A vaporizer can also loosen congestion.
- d. Providing the child with extra clear liquids is also important to decrease congestion and replace fluids lost because of fever.

2. External Otitis (Swimmer's Ear)

External otitis is caused by a bacterial infection in the external ear canal. The canal becomes swollen, inflamed and very painful. Touching the ear or movement such as chewing often causes pain. This is usually treated with drops containing antibiotics and/or anti-inflammatory medicine.

EAR INFECTION (Continued)

Your doctor may wish to also prescribe oral antibiotics. Other general measures include:

- a. Don't get water in the ear until it is well. To shower, put a cotton plug in the ear, then cover the cotton with Vaseline (or use ear plugs).
- b. In the future, consider using ear plugs when swimming. Check the chlorine level in the swimming pool to make sure it is adequate.
- c. Use a medication like Children's Tylenol or prescription medicine for pain relief as needed.

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VOMITING AND DIARRHEA

Dietary control generally is the best approach for control of vomiting and diarrhea. The following steps should be taken in order to bring the gastro- intestinal tract back into order. If further problems occur, or your child does not seem to be responding as well as expected, you should contact your doctor.

The most serious situation is the infant with both vomiting and diarrhea at the same time. In older children and children with either vomiting or diarrhea alone, the chance of severe dehydration is lower.

Vomiting

Emetrol is a medicine that is both safe and effective. Follow the directions exactly and do not give other liquids until the vomiting is under control. When the vomiting is controlled, advance to Step #1. If vomiting continues call your physician and/or clinic for directions.

Step #1

For both vomiting and diarrhea, a clear liquid diet is recommended for the first 24 hours. This includes Gatorade (the best for diarrhea), diluted juice (grape), flat 7-up or ginger ale, clear broth or bouillon. Jello or popsicles may also be tolerated. Start with one tablespoon every 15 minutes. If this is well tolerated for an hour or more, advance to two tablespoons every 15 minutes. You can advance the quantity slowly as long as it is tolerated, but do not push ahead too quickly.

The plan is to provide liquid in a manner that does not distend or irritate the stomach. Very small and frequent feedings are the key. Parents often have problems with further vomiting because their children are very thirsty so they let the child drink 4 to 8 ounces or more at once.

Step #2

After the clear liquids are tolerated for 24 hours or so, you may advance to a bland diet. This includes clear soups, soda crackers, mashed potatoes, dry toast and the like. It may help to remember BRAT, bananas, rice, applesauce, and toast. Everything to Step #1 is also allowed. Again, slow advances rather than large quantities, are recommend.

VOMITING AND DIARRHEA (Continued)

Step #3

Advance the diet further. If Step #2 is tolerated for 24 hours or so, you may add cooked vegetables, cereals, bananas, eggs, tapioca and similar foods as tolerated.

Foods to Avoid

Dairy products of all kinds should be avoided for about five days after the problem is under control. Also avoid meats, raw fruits (except bananas), and vegetables, spicy or greasy foods, and any foods which seems to be especially upsetting to your child. No drinks containing caffeine such as soda or tea should be given. Caffeine increases the loss of body fluids; it acts as a diuretic.

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COMMON FOOD ALLERGIES

1. Many children react to sugar and products high in refined sugar by becoming more active. Chocolate will often have the same effect as, well honey. Children who are normally quite active may need to have their sugar intake regulated.
2.

| | |
|-----------------------|----------------------------|
| Common Food Allergies | Reactions |
| Milk | Stomach aches |
| Chocolate | Stomach aches |
| Nuts | Breaking out in rash/hives |
| Eggs | Irritability |
| Sugar | Drowsiness/excess activity |
| | Breathing difficulties |

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| <p>*Consult your doctor immediately with breathing difficulties. Check with your doctor about what to do for allergy reactions.</p> |
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| DOSAGE CHART FOR COMMON INFANT-FEVER MEDICATION | | |
|---|----------------|-----------------|
| Tempra | Drops | Syrup |
| Under 3 Months 13 pounds** | 1/2 dropper | 1/4 teaspoon |
| 3 to 9 months 13 to 20 pounds** | 1 dropper | 1/2 teaspoon |
| 10 to 24 months 21 to 26 pounds | 1 1/2 droppers | 3/4 teaspoon |
| 2 to 3 years 27 to 35 pounds | 2 droppers | 1 teaspoon |
| Tylenol or Panadol | Drops | Syrup |
| Under 3 Months 6 to 11 pounds** | 1/2 dropper | 1/2 teaspoon |
| 4 to 11 months 12 to 17 pounds** | 1 dropper | 3/4 teaspoon |
| 12 to 23 months 18 to 23 pounds | 1 1/2 droppers | 1 teaspoon |
| 2 to 3 years 23 to 35 pounds | 2 droppers | 1 1/2 teaspoons |
| <p>* These are acetaminophen preparations; aspirin should not be given without a doctor's recommendation.</p> <p>**Do not give medication to babies under six months old without the doctor's recommendation. Give medication every 4 hours as needed, but no more than 5 times daily. If weight range and age don't correlate, use the dosage appropriate for baby's weight. If questions arise, call your physician.</p> <p>**This chart is considered accurate according to 1993 AAFP standards.</p> | | |